



Professional Indemnity Insurance for Miscellaneous Professions Proposal Form

Instructions

Please provide a full answer to every question. Where there is insufficient space to answer a question please enclose additional sheets. The form and any separate sheets should be completed, signed and dated by a principal, partner or director.

1 Your details

a) Full business name:

Date established

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b) Main office address:

Other locations

Email address

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Website

www.

c) Please list any predecessor business that requires cover:

Name

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Date commenced

--	--	--	--	--	--	--	--

Date ceased

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Reason for cessation

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Name

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Date commenced

--	--	--	--	--	--	--	--

Date ceased

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Reason for cessation

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1 Your details (continued)

d) Nature of business/profession:

e) During the past five years, other than declared above, has your name been changed or has any amalgamation or take over occurred or has there been a change of legal status or are any such changes planned?

☐ Yes

☐ No

If 'Yes', please give details:

f) Please advise of any professional body or trade associations to which you belong:

Note:

Please continue on a separate sheet if more space is required.

2 Principal/Director details

a) Please give details of all principals/partners/directors:

Name	Age	Qualifications	No. of years in this capacity with you		No. of years industry experience	

b) Has any principal, partner or director been involved in any other business in the past five years which has been declared bankrupt, insolvent or gone into liquidation?

☐ Yes

☐ No

If 'Yes', please give details of the business including name, address, trade and dates:

Note:

Please continue on a separate sheet if more space is required

3 Staff details

Please state the number of:

a) Principals/partners/directors

b) Qualified Staff

c) Others

4 Business income

Please state:

a) Month of financial year end

b) Gross turnover/fee income for the past year and an estimate for the current and forthcoming year for work undertaken in:

	Past year ending	Current year	Coming year
ROI	€	€	€
Other EU*	€	€	€
Other Europe*	€	€	€
USA/Canada not subject to USA/Canada law*	€	€	€
USA/Canada subject to USA/Canada law*	€	€	€
Other overseas *	€	€	€
TOTAL	€	€	€

* Please provide details of work and countries involved:

Note:

Please continue on a separate sheet if more space is required.

5 Business activities

a) Please provide full details of all activities undertaken (if you have a brochure detailing your operations, please forward a copy):

Note:

Please continue on a separate sheet if more space is required.

b) Please categorise the activities declared above and indicate the approximate percentage of turnover/fee income relating to each activity:

Category	
	%
	%
	%
	%
	%
	%
	%
	%
TOTAL	100%

5 Business activities (continued)

c) Do you anticipate any major changes in these activities in the forthcoming 12 months?

☐ Yes ☐ No

If 'Yes', please give details:

d) Will the failure of your products or services be liable to result in any of the following scenarios:

i) loss of life or injury to a person?

☐ Yes ☐ No

ii) damage or destruction to physical property?

☐ Yes ☐ No

iii) immediate and large financial loss?

☐ Yes ☐ No

iv) significant cumulative financial loss?

☐ Yes ☐ No

If 'Yes', please give details:

e) Do any of your products or services involve:

i) trading systems used in financial markets?

☐ Yes ☐ No

ii) investment performance or prediction?

☐ Yes ☐ No

iii) medical applications?

☐ Yes ☐ No

iv) nuclear, chemical, oil/gas/petrochemical installations?

☐ Yes ☐ No

6 Contracts

a) Please provide full details of the five largest contracts in the last three years (provide current/future projects if this is a new business):

Name/Business of client

Start date

End date

Total contract value

€

Your contract value

€

Description of contract:

Name/Business of client

Start date

End date

Total contract value

€

Your contract value

€

Description of contract:

6 Contracts (continued)

Name/Business of client

Start date

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End date

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Total contract value

€ Y

€

Description of contract:

Name/Business of client

Start date

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End date

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Total contract value

€ Y

€

Description of contract:

Name/Business of client

Start date

--	--	--	--	--	--	--	--	--	--

End date

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Total contract value

€ Y

€

Description of contract:

b) Please provide full details of your three largest contracts anticipated in the next 12 months:

Name/Business of client

Start date

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End date

--	--	--	--	--	--	--	--	--	--

Total contract value

€

Your contract value

€

Description of contract:

Name/Business of client

Start date

--	--	--	--	--	--	--	--	--	--

End date

--	--	--	--	--	--	--	--	--	--

Total contract value

€ Y

€

Description of contract:

Note:
Please continue on a
separate sheet if more
space is required.

6 Contracts (continued)

Name/Business of client

Start date

--	--	--	--	--	--	--	--

End date

--	--	--	--	--	--	--	--

Total contract value

€

Your contract value

€

Description of contract:

c) Please provide details of your largest and average fee for the last completed financial year:

Largest

€

Average

€

7 Your business

a) Do you utilise sub-contractors or consultants?

☐ Yes

☐ No

If 'Yes', please advise:

i) the percentage of your gross fees to be paid to sub-contractors or consultants in the current financial year?

%

ii) the nature of work for which they are used?

iii) details of selection and management criteria?

iv) do you ensure they have their own PI insurance in force?

☐ Yes

☐ No

b) i) Do you or any principal, partner, or director act on behalf of or undertake work for any firm, company or organisation in which you or any principal, partner or director has a financial interest?

☐ Yes

☐ No

ii) Does any principal, partner or director perform an executive role or hold a position whereby they are able to make major policy decisions on behalf of such firm, company or organisation?

☐ Yes

☐ No

If 'Yes' please provide full details:

Note:

Please continue on a separate sheet if more space is required.

c) Do you undertake any contract which involves:

i) manufacture, construction, installation, maintenance, repair, alteration or treatment?

☐ Yes

☐ No

ii) the sale or supply of goods or products?

☐ Yes

☐ No

If 'Yes', please provide full details including percentage of fees relating to such contracts:

Note:

Please continue on a separate sheet if more space is required.

8 Risk management

a) Please confirm that:

- | | | |
|---|---------------------------|--------------------------|
| i) work undertaken by staff is regularly reviewed by a principal or qualified manager? | <input type="radio"/> Yes | <input type="radio"/> No |
| ii) working papers including records of all contracts, letters of engagement, client meetings and telephone calls are retained for at least 5 years? | <input type="radio"/> Yes | <input type="radio"/> No |
| iii) a formal review of working procedures is undertaken at least annually? | <input type="radio"/> Yes | <input type="radio"/> No |
| iv) written procedures or checklists are used for professional/technical services provided? | <input type="radio"/> Yes | <input type="radio"/> No |
| v) all cheques over €30,000 require two signatories? | <input type="radio"/> Yes | <input type="radio"/> No |
| vi) cash books, receipts, counterfoils and bank statements are checked independently by a principal, director or partner at least monthly? | <input type="radio"/> Yes | <input type="radio"/> No |
| vii) procedures are in place to ensure prior to any contract being amended or agreed, the contract specifications can be met and all customer requirements can be satisfied? | <input type="radio"/> Yes | <input type="radio"/> No |
| viii) all offices are under the day to day control and supervision of a principal and arrangements are in place for the office supervision in the event of a principal's absence? | <input type="radio"/> Yes | <input type="radio"/> No |
| ix) satisfactory written references are always obtained for new employees? | <input type="radio"/> Yes | <input type="radio"/> No |
| x) contracts are always drafted by legal professionals or vetted by legal advisors? | <input type="radio"/> Yes | <input type="radio"/> No |
| xi) contracts or terms of acceptance, including any changes, are evidenced in writing, specify the work to be undertaken and the extent of your responsibility? | <input type="radio"/> Yes | <input type="radio"/> No |

If 'No' to any of the above, please give details below:

b) Do you always use standard written contract conditions? ☐ Yes ☐ No

If 'Yes', please supply a copy of your standard form of contract

If 'No',

i) what percentage of contracts are in the non-standard form? %

ii) what is the procedure for the sign-off of non-standard contracts?

c) Are you accredited to or in the process of becoming accredited to I.S EN ISO 9000

Quality Systems or subject to any other form of external assessment? ☐ Yes ☐ No

d) Do you commit your clients to contract with third parties? ☐ Yes ☐ No

If 'Yes' do you always obtain your clients' written acceptance of the terms of contracts before committing them? ☐ Yes ☐ No

Note:

Please continue on a separate sheet if more space is required.

9 Previous insurance

Has any insurer ever declined, cancelled, refused to renew or required an increased rate or special conditions in respect of the insurance to which this proposal relates?

☐ Yes ☐ No

If 'Yes', please give full details:

Note:

Please continue on a separate sheet if more space is required.

10 Current insurance

Please advise:

a) Date of expiry of current Professional Indemnity Policy

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b) Name of insurer

c) Limit of indemnity

d) Excess

e) Premium

f) Retroactive date

11 Requested cover

Limit of indemnity required

€

Excess required

€

12 Claims and circumstances

a) In respect of any of the liabilities to be covered by this insurance has any claim whether successful or not been made against and/or loss suffered by you, any predecessor or any present or former principal, partner or director either individually or otherwise?

☐ Yes ☐ No

If 'Yes', please provide full details to include year of incident, amounts involved, details of the circumstances and steps taken to prevent a recurrence of the situation:

Note:

Please continue on a separate sheet if more space is required.

b) After full inquiry is any principal, partner, director or employee aware of any claim pending and/or any circumstance existing which might give rise to any claim by or against you, any predecessor or any present or former principal, partner or director?

☐ Yes ☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

12 Claims and circumstances (continued)

c) Has any disciplinary action been taken by any outside professional or regulatory body against any principal, partner or director?

☐ Yes

☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

d) i) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed subcontractor or consultant?

☐ Yes

☐ No

ii) After reasonable inquiry, do you have any grounds for suspecting that any partner, director, employee or self-employed subcontractor or consultant has acted dishonestly or maliciously?

☐ Yes

☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

e) After inquiry is there any matter which might otherwise affect the consideration of this proposal for insurance?

☐ Yes

☐ No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

Data Protection

We collect your personal details in order to provide the highest standard of service to you and take great care with the information provided i.e. to keep it secure and to ensure it is only used for legitimate purposes. To fulfil these objectives we may share information with other affiliated professionals. The information provided to our firm may be used from time to time to advise you of the products and services that we offer – this service may also be carried out by third parties unauthorised to act on our behalf. You have the right to request a copy of any 'personal data' within the meaning of the Data Protection Act 1988 and 2003 (as amended or re-enacted) that our office holds about you and to have any inaccuracies in that information corrected. Requests should be forwarded to the Compliance Officer, Campion Insurance Ltd with your details to request the information you require

Complaints Procedure

We have a written procedure in place for the effective handling of complaints. Any complaints should be addressed in writing to the Compliance Manager, Campion Insurance Ltd, Modern Plant Building, Naas Road, Dublin 22. Each complaint will be acknowledged by us within 5 working days and updates will be advised in intervals of not more than 20 working days. We will make every effort to resolve the complaint within 40 working days and findings will be furnished to you within 5 working days of completion of the investigation. In the event that you are not satisfied with the firm's handling of and response to your complaint, you can contact the following:

- Financial Services Ombudsman, 3rd Floor Lincoln House, Lincoln Place, Dublin 2.
Tel. 1890 882090 / Fax 01-6620890 / email: enquiries@financialombudsman.ie
- The Offices of the Pensions Ombudsman, 36 Upper Mount Street, Dublin 2.
Tel. 01-6471650 / Fax 01-6769577 / email: info@pensionsombudsman.ie

Declaration

1. I declare to the best of my knowledge and belief that the information given on this form is true in every respect.
2. I declare that if anything on this form was written by another person he or she acted as my agent for this purpose.
3. I agree that this proposal and declaration shall be the basis of the contract between me and the Insurer.

IMPORTANT NOTICE: Failure to disclose material facts could result in your contract being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal.

Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes. The Insurer reserves the right to decline any proposal.



Signature

Please sign and date.

Signature

X

Print name

Position

Date

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PLEASE PROVIDE ANY ADDITIONAL INFORMATION ON THIS PAGE